

Non-Emergent Medical Transportation

2009 SSTABS Conference

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Training Objectives

Understand:

- Difference between Emergency and Non-Emergent Transportation
- Modes of Transportation
- County responsibilities
- Role of LogistiCare
- Additional services
- Claims
- Transportation rates



Health Emergency

- Emergency
 - Sudden
 - Unexpected
 - Requires immediate medical attention because a person's life, bodily functions, or overall health are in serious jeopardy



Emergency Medical Transportation (EMT)

- Includes:
 - Ambulance
 - Air Ambulance
- Requires a physician's statement of medical necessity or trip report
 - Subject to audit
- Billed directly to the fiscal agent



Non-Emergent Medical Transportation

Non-Emergent Medical Transportation (NEMT)

- Transportation to and/or from medical treatment that is not emergent in nature
- Scheduled
- Only available when the client has no other means of transportation



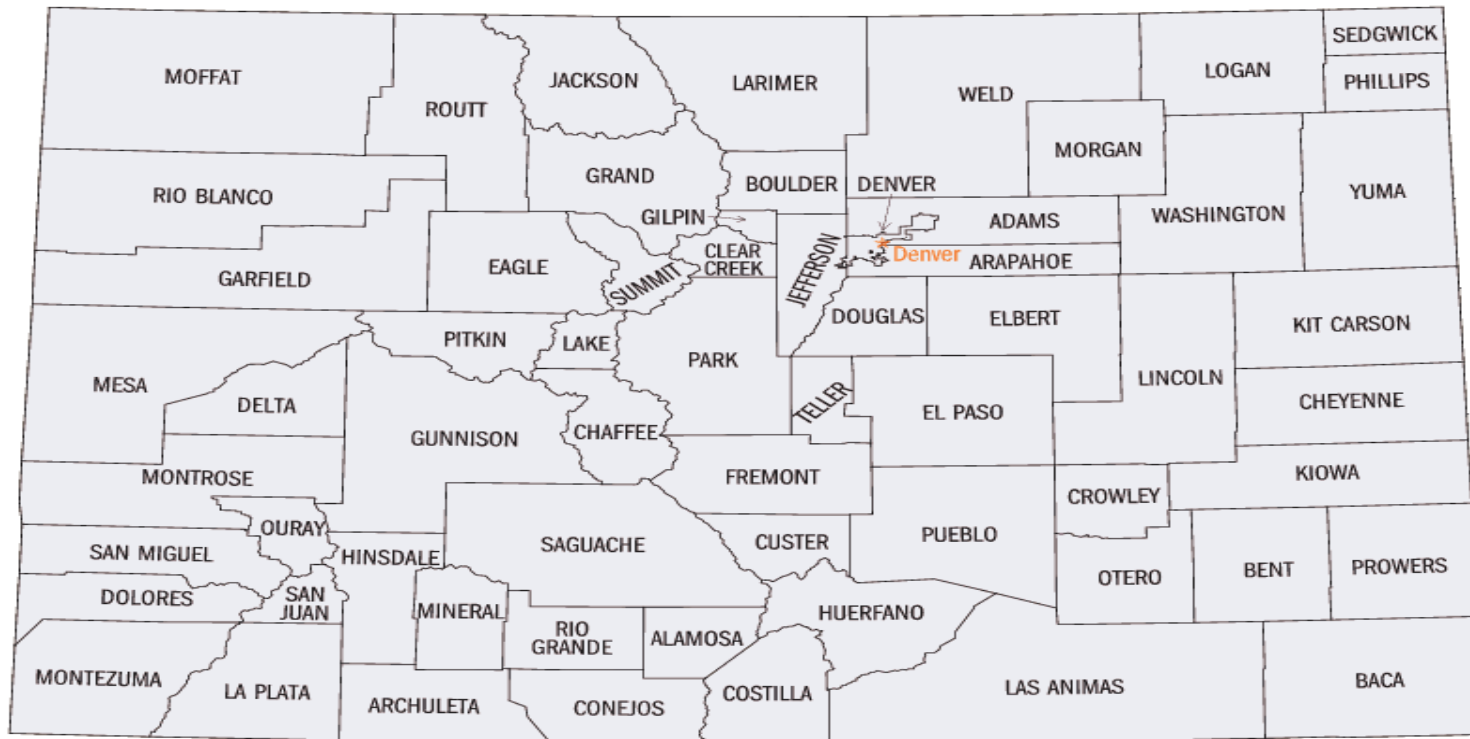
NEMT

- The following are not benefits of the Colorado Medicaid NEMT Program:
 - Waiting time
 - Charges when the client is not in vehicle
 - Transportation when not medically necessary



Non-Emergent Medical Transportation

NEMT



IMPORTANT!

- Non-medical transportation may be covered for eligible clients under the HCBS Waiver Program
- For more information refer to the HCBS Billing Manual



QUESTIONS?



Counties

- As the State Designated Entity (SDE) the Department of Human/Social Services in each county is required to provide NEMT for any Medicaid client that has no other means of transportation
- The SDE is required to query clients requesting NEMT to determine
 - if the client is being transported to a Medicaid covered service
 - that all means of accessing other transportation have been exhausted by the client



Counties

SDEs are required to inform clients, **in writing**, of any benefitted transportation service that is being denied

The denial letter must include:

- Why the service was denied
- Client Appeal Right language and instructions
 - Can be found on the back of all formal claim denials sent from ACS, on our Website, or in the HCPF Operations Manual



Counties

Some counties have elected to opt out of their transportation administration duties by contracting with private transportation brokers

This is an option for counties as long as NEMT services continue to be provided to all qualified Medicaid clients and there is no additional cost to the Colorado Medicaid Program

SDEs **must** adhere to the current transportation rates established by Medicaid



Counties

The private transportation brokers and the counties they represent are:

Red Willow, Inc. (San Luis Valley Transportation)
719-589-5734 Counties: Alamosa, Costilla, Conejos, Rio Grande, Mineral and Saguache.

North Eastern Colorado Transportation Authority (NECTA) 970-522-6440 Counties: Sedgwick, Phillips, Yuma, Logan, Morgan and Washington.

***LogistiCare is the only official Medicaid
NEMT broker**



Counties

It is the responsibility of the SDE to stay informed via Bulletins, Agency Letters, and through the web portal



QUESTIONS?



LogistiCare

- Transportation providers serving the eight front range counties can no longer directly bill the Medicaid for NEMT
- All NEMT services for the eight front-range counties must be authorized, approved, arranged and paid through LogistiCare

*LogistiCare is the **only** official Medicaid NEMT broker



LogistiCare

- LogistiCare manages the NEMT program for providers whose clients reside within the following eight front range counties:
 - Adams
 - Arapahoe
 - Boulder
 - Broomfield
 - Denver
 - Douglas
 - Jefferson
 - Larimer



LogistiCare

LogistiCare Solutions
3989 E Arapahoe Rd 120
Centennial Colorado 80122
Office 303-390-4500

Or visit their website at: LogistiCare.com

Click on: Operations Map; CO: to access Colorado LogistiCare



QUESTIONS?



Modes of Transportation

NEMT includes:

- Mobility vehicle
- Wheelchair & Wheelchair van
- Non-emergent ambulance
- Taxi
- Train
- Plane
- Gas reimbursement for private vehicle usage
- Bus tokens or passes



Modes

- Mobility vehicles are provided when the client has no transportation and it is the least costly, most appropriate mode for their condition.
- A wheelchair van is a benefit only when:
 - The client is a certified wheelchair user and
 - The vehicle has been appropriately modified.



Modes

- A wheelchair van must be specifically designated to accommodate the needs of wheelchair users
- Unlike mobility vehicles, wheelchair van service is not regulated by the Public Utilities Commission (PUC)
- Oxygen administration is allowed when medically necessary and is the wheelchair van's oxygen
- Submit claims for wheelchair van and oxygen together



Non-Emergent Bus and Train

- Benefits are provided when:
 - Client is traveling a great distance or;
 - Client's condition prohibits transporting by other less costly means of NEMT or;
 - It is the least costly means of transportation
- Bus
 - No PAR required
 - Exception:* A PAR approved by the SDE is required for a client traveling with an escort
- Train
 - PAR required
 - Use code: A0110



Mileage Reimbursement

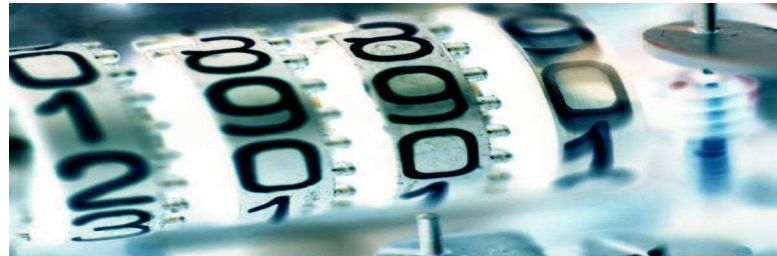
- The SDE must also obtain the following information before reimbursement of personal vehicle mileage
 - Name and address of vehicle owner
 - Policy number and name of the insurance carrier
 - Driver's license number and expiration date for the driver of the vehicle



Mileage Reimbursement

- The client must submit beginning and ending odometer readings or the SDE should calculate mileage by using Map Quest

Refer to the
October
2007 Bulletin
B0700237



- The trip must be the most direct route to and/or from the medical appointment with the closest qualified provider
- The service must be a benefit of the Colorado Medical Assistance Program



Multiple Riders

- When services are provided to more than one client, multiple rider exceptions apply
- Client traveling farthest distance is reimbursed at the full rate
- The client traveling the second farthest distance is reimbursed at $\frac{1}{2}$ the rate
- Any additional client(s) shall be reimbursed at $\frac{1}{4}$ the rate of the first client
- No Prior Authorization Request (PAR) required



Out-of-State Transportation

- Provider must verify that out of state service has been authorized
- If a patient requires out-of-state hospitalization, please contact:

**Colorado Foundation for
Medical Care (CFMC)** to find out
if the out of state location is authorized and what forms need
to be completed

Phone Number: 1-800-333-2362



Air Transportation

Modes: Air Ambulance, Helicopter or Commercial Air.

- PAR required
- PAR must be completed by the SDE and submitted to CFMC



Air Transportation

- Benefits are provided when:
 - Point of pickup is inaccessible by land vehicle, great distances prohibit transporting
 - Great distances prohibit transporting client to nearest appropriate location and client needs immediate attention
 - Patient is suffering from an illness that makes other forms of transportation inadvisable



QUESTIONS?



Additional Services

- Additional Services
 - Out-of-State transportation
 - Over-the-Cap Expenses (bariatric & mental health)
 - Ancillary Services (Meals and Lodging)
 - Personal Mileage Reimbursement
- Billing Considerations
 - Diagnosis Codes
 - Place of Service Codes
 - Units of Service



Ancillary Services

Ancillary services are supplemental services that are a benefit in addition to transportation.

- All ancillary services require prior authorization by the SDE.
- Ancillary services:
 - Meals and lodging
 - Only authorized if the trip cannot be completed in one calendar day.
 - Escort:
 - Can be available for at-risk adults or children.



Units of Service

- Units may represent the number of one-way trips **or** the number of miles

Meals and lodging:

- 1 unit = 1 day of lodging
- 1 unit = total meals for 1 day
- Lodging per day = \$37.02
- Meals per day = \$16.30

- **NOTE:** Only 1 meal (1 unit) allowed per day

Transportation by bus, train or air:

- Units represent the number of one-way trips taken
- **Do not** bill mileage
- Must provide receipt



Over-the-Cap Expenses



Over the cap expenses exceed the maximum allowable

- CFMC approved PAR required

Mental health hold clients only qualify when being transported to Fort Logan or the State facility in Pueblo



Over-the-Cap Expenses

- Documentation must indicate the requested mode is the most appropriate and least costly method for the client
- Documentation must show that care is not available in the client's local community and client is seeing the closest, appropriate Colorado Medical Assistance Program provider
- Documentation must indicate, in detail, the medical condition and extenuating circumstances to support approving an over-the-cap request



Claim Submission

- 837P is the electronic version of the CO1500 and is submitted via the Web Portal
- Providers are expected to submit all electronic transactions through the 837P format



EXCEPTION: If you are providing hospital-based emergency ambulance and air ambulance, bill services on the 837I format



Claim Submission

- CO-1500 vs. CMS 1500
 - Colorado does not accept the CMS 1500
- CO-1500 (paper claim form) is the Colorado Medical Assistance Program claim form
- In an effort to “live green,” please submit paper claims only when attachments are required



Benefit and Billing Information

colorado.gov/hcpf

Refer to the Transportation section of the CO-1500 Specialty Billing Information for detailed benefit and billing information.

Refer to the
October
2007 Bulletin
B0700237

COLORADO MEDICAL ASSISTANCE PROGRAM PROVIDER SPECIALTY MANUALS

Transportation

Benefits

Medical transportation is a Colorado Medical Assistance Program benefit when the client requires transportation. The transportation services must be medically necessary and provided within the scope of the provider's certification and license.

Transportation for Colorado Medical Assistance Program clients to and from a medical provider is a benefit when the medical service provided is a benefit of the Colorado Medical Assistance Program.

Medical Transportation includes both emergent and non-emergent services.

Emergency Transportation

Emergency Ambulance and Air Ambulance Transport

All emergency ambulance and air ambulance transportation claims are billed directly to the fiscal agent by the transportation provider. Emergency transportation services require a physician's statement of medical necessity or trip report that must be retained by the transportation provider and is subject to audit for a period up to six (6) years from the date of service.

Exclusions

The following services are not Colorado Medical Assistance Program emergency transportation benefits:

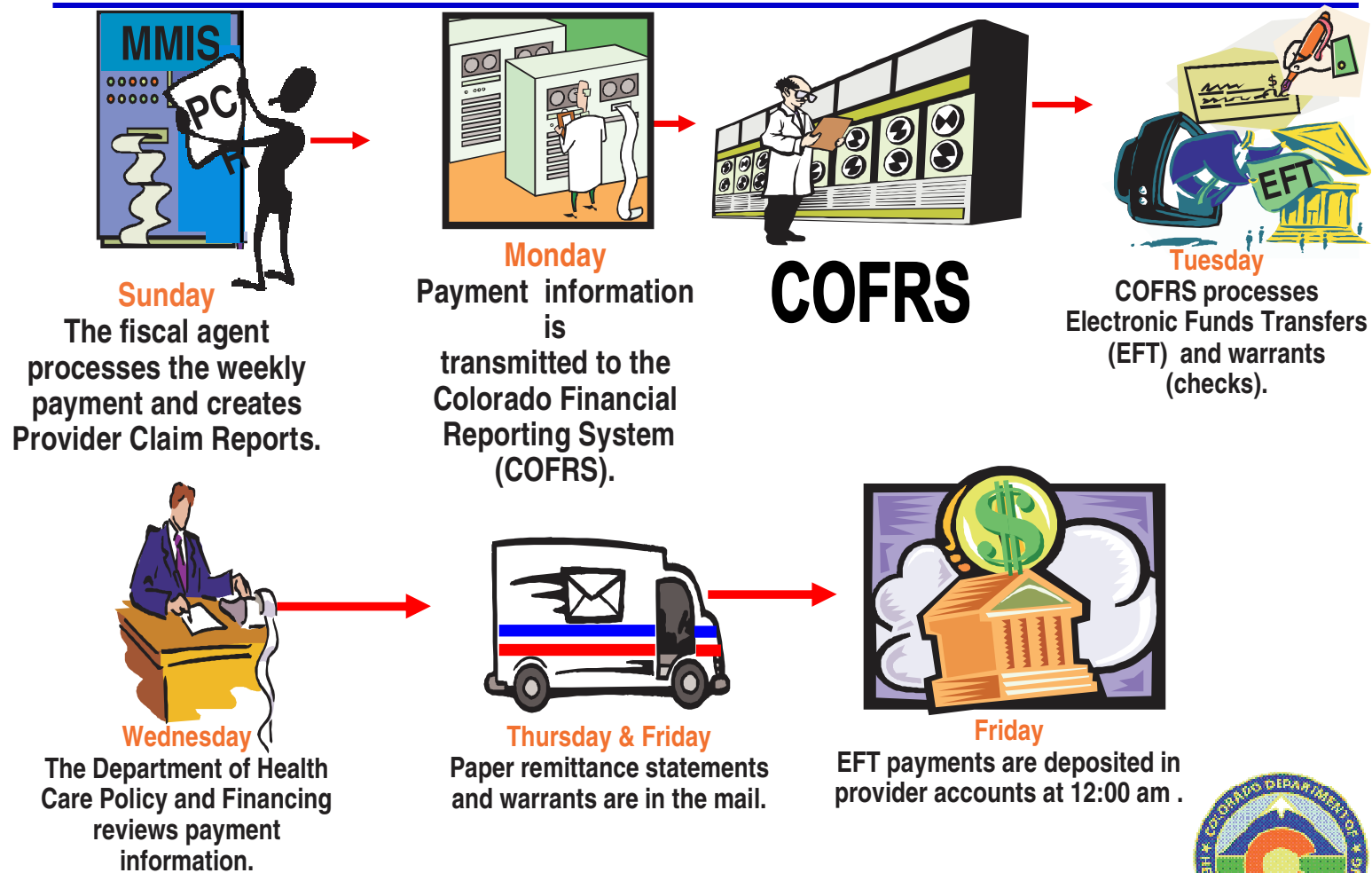
- WAITING TIME, CANCELLATIONS, OR ADDITIONAL PASSENGERS (E.G., FAMILY MEMBERS) EXCEPT IN THE CASE OF APPROVED ESCORTS
- RESPONSE CALLS WHEN, UPON ARRIVAL AT THE SITE OF THE CALL, NO TRANSPORTATION IS NEEDED OR PROVIDED
- CHARGES WHEN THE CLIENT IS NOT IN THE VEHICLE
- NON-BENEFIT SERVICES (E.G., FIRST AID) PROVIDED AT THE SCENE WHEN TRANSPORTATION IS NOT NECESSARY
- TRANSPORTATION SERVICES WHEN MEDICAL TREATMENT IS NOT REQUIRED OR PROVIDED UPON ARRIVAL
- TRANSPORTATION TO SERVICES LOCATED ON MILITARY RESERVATIONS
- TRANSPORTATION TO LOCAL TREATMENT PROGRAMS NOT ENROLLED IN THE COLORADO MEDICAL ASSISTANCE PROGRAM
- PICK UP OR DELIVERY OF PRESCRIPTIONS AND/OR SUPPLIES
- TRANSPORTATION ARRANGED FOR THE CLIENT'S CONVENIENCE AS OPPOSED TO MEDICAL NECESSITY

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Non-Emergent Medical Transportation

Processing Schedule



Original Timely Filing

120 days from the date of service

- Timely filing is determined by the **date of receipt**, not by the postmark
- Prior Authorization Requests are **not** proof of timely filing
- Certified mail is **not** proof of timely filing

**120
Days:**

DOS: Jan. 1, 20XX

Julian Date: 1

+120

Julian Date: = 121

Day 121 = May 1st



Timely Filing

Documentation for Timely Filing

60 days from date on the:

- Provider Claims Report Denial
 - Rejected Claim
 - Returned Claim
-
- Use the delay reason codes on the 837P transaction per HIPAA Legislation.
- Paper Claims:**
- Enter the LBOD in the remarks section of the claim form
 - Keep supporting documentation for auditing purposes



Timely Filing Extensions

- The timely filing period may be extended when:
 - Commercial insurance has yet to pay or deny
 - Delayed notification of eligibility from client
 - Backdated eligibility from county



- For more information about Timely Filing, please refer to the General Provider Information Section of the Billing Manuals



Original Timely Filing

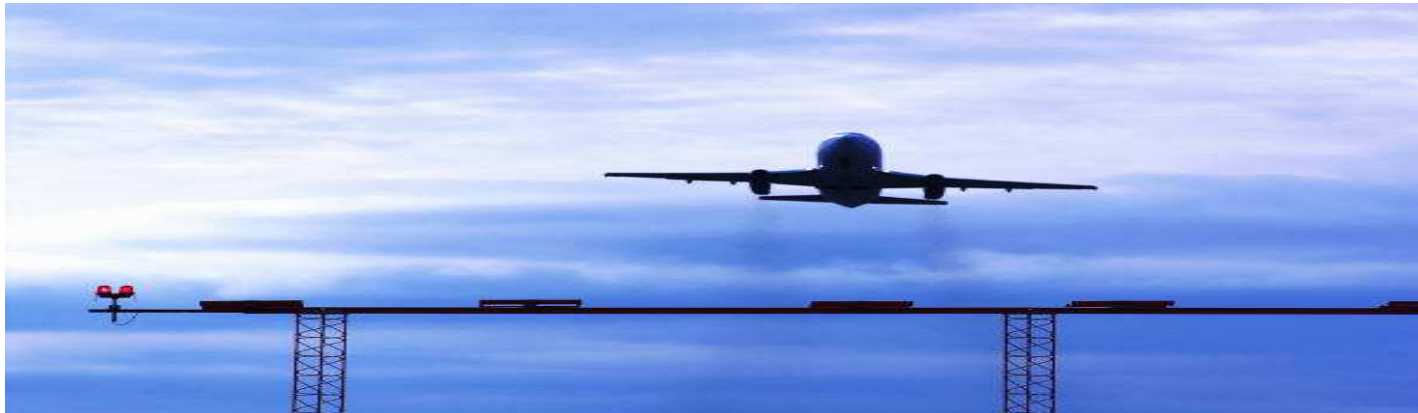
120 days from the date of service

Type of Service	Timely Filing Calculation
Nursing Facility; Home Health, Inpatient, Outpatient; all services filed on the UB-04	From the “through” date of service
Dental; EPSDT; Trans.; Supply; Pharmacy; All services filed on the Colorado 1500	From the date of each service (line item)
Home & Community Based Services	From the “through” date of service
Obstetrical services professional fees Global procedure codes: The service date must be the delivery date.	From the delivery date
Services billed separately; additional services	From date of service
Equipment rental - The service date must be the last day of the rental period	From the date of service



Billing

- **Diagnosis codes:**
 - Enter code 780 for all claims regardless of diagnosis.
- **Place of Service Codes:**
 - Enter '41' for land transportation
 - Enter '42' for air transportation



Health Care Policy and Financing's Home Page

colorado.gov/hcpf

The Department's web site links to:

- Departmental Reference Material - Volume 8 Regulations
- Staff Resources Directory
- The Provider Web Portal

Click on the Provider tab on the menu at the top of the web page to navigate to the **Provider Services** for

- Information
- Documents
- Publications



National Provider Identifier (NPI)

- Non-ambulance providers are not required to have an NPI
 - For additional NPI information, questions or concerns:
 - ➔ The newly redesigned CMS web page at:
cms.hhs.gov/NationalProvIdentStand/
 - ➔ The NPPEs web site at:
<https://nppe.cms.hhs.gov>
 - ➔ The enumerator at: 1-800-465-3203
(TTY 1-800-692-2326)
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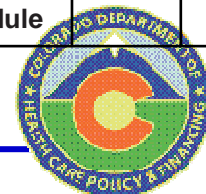
QUESTIONS?



Non-Emergent Medical Transportation

NEMT Rates (Effective 7/1/07)

Code	Description	Factor Code	Rate	PAR
A0021	Ambulance service, outside state per mile, transport-Emergency	1 - Fee schedule	1.34	NO
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	1 - Fee schedule	0.39	County
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	1 - Fee schedule	0.39	County
A0100	Nonemergency transportation; taxi	1 - Fee schedule	50.00	NO
A0110	Nonemergency transportation and bus, intra- or interstate carrier (*PAR required for escort only)	5 - Manual price	N/A	*County
A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems	1 - Fee schedule	15.98	NO
A0130	Nonemergency transportation: wheelchair van	1 - Fee schedule	19.90	County
A0140	Nonemergency transportation and air travel (private or commercial), intra- or interstate	5 - Manual price	N/A	CFMC
A0180	Nonemergency transportation: ancillary: lodging - recipient	1 - Fee schedule	37.02	CFMC
A0190	Nonemergency transportation: ancillary: meals - recipient	1 - Fee schedule	16.30	CFMC



Non-Emergent Medical Transportation

NEMT Rates (Effective 7/1/07)

Code	Description	Factor Code	Rate	PAR
A0200	Nonemergency transportation: ancillary: lodging - escort	1 - Fee schedule	37.02	CFMC
A0210	Nonemergency transportation: ancillary: meals - escort	1 - Fee schedule	16.30	CFMC
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way	1 - Fee schedule	139.90	NO
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	1 - Fee schedule	11.46	NO
A0425	Ground mileage, per statute mile	1 - Fee schedule	1.68	County
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	1 - Fee schedule	102.70	County
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)	1 - Fee schedule	138.03	NO
A0428	Ambulance service, basic life support, nonemergency transport (BLS)	1 - Fee schedule	102.64	County
A0429	Ambulance service, basic life support, emergency transport (BLS - emergency)	1 - Fee schedule	94.57	NO
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	1 - Fee schedule	1940.49	CFMC



NEMT Rates

(Effective 7/1/07)

Code	Description	Factor Code	Rate	PAR
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	1 - Fee schedule	1813.73	CFMC
A0433	Advanced life support, level 2 (ALS 2)	1 - Fee schedule	165.65	NO
A0434	Specialty care transport (SCT)	1 - Fee schedule	189.15	NO
A0999	Unlisted ambulance service	5 - Manual price	N/A	County
S0209	Wheelchair van, mileage, per mile	1 - Fee schedule	0.61	County
T2001	Nonemergency transportation; patient attendant/escort (*This code is manually priced for ambulance providers and waiver programs, and has provider specific rates for schools)	5-Manual Price / 1- Fee schedule	N/A	*County
T2003	Nonemergency transportation; encounter/trip	1 - Fee schedule	1.74	County
T2005	Nonemergency transportation; stretcher van	1 - Fee schedule	19.90	County
T2049	Nonemergency transportation; stretcher van, mileage; per mile	1 - Fee schedule	0.80	County



QUESTIONS?



This is the end of the road, Thank You!

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